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PART B - FEE(S) TRANSMITTAL

NuVasive Inc.

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JONATHAN SPANGLER NUVASIVE, INC. 4545 TOWNE CENTRE COURT Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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01 FC:2501 02 FC:1504 700.00 DA 300.00 DA

March 23, 2008

PURI ICATION ERR

Jonathan Spangler

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(Depositor's name

APPLICATION NO.

FILING DATE

SMALL PRITTY

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

TYOTAL PERCELTY ID

CONFIRMATION NO.

10/812,038

03/29/2004

Michael F. Hoey

059US2

1447

DATE DUE

TITLE OF INVENTION:

APPLN TYPE

TISTUE DISCRIMINATION AND APPLICATIONS IN MEDICAL PROCEDURES

ICCY ID DOD

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|--|---|---|---|--|---|--|
| nonprovisional | YES | \$700 |) | \$300 | \$1000 | 06/12/2008 |
| EXAMINER | | ART UN | शा | CLASS-SUBCLASS | | |
| MARMOR II, CH | ARLES ALA | 3736 | | 600-547000 | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in | | | | (print or type) lear on the patent. If an assign for filing an assignment. | ee is identified below, the | document has been filed for |
| (A) NAME OF ASSIGN | EE | (B |) RESIDENC | E: (CITY and STATE OR COL | JNTRY) | |
| NuVasive, Inc. San Diego, CA | | | | | | |
| Please check the appropriate 4a. The following fee(s) are I Issue Fee Publication Fee (No s Advance Order - # of | enclosed: mall entity discoun Copies (from status indicat | ed above) | Payment of A check Payment Payment The Dire Deposit Acc | Fee(s): in the amount of the fee(s) is en by credit card. Form PTO-2038 actor is hereby authorized by cl ount Number | closed. is attached. targe the required fee(s), or (criclose an extra | copy of this form). |
| ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | |
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| Authorized Signature Typed or printed name | Jonathan Spr | | | | arch 23, 2006 | |
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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

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